

**Statement for the Record: Ways & Means Subcommittee on Worker and Family Support
Hearing “Making a Difference for Families and Foster Youth”
Submitted by Nancy K. Young, CEO, Children and Family Futures
May 26, 2021**

Children and Family Futures is pleased to submit written testimony in response to the House of Representatives Committee on Ways & Means Subcommittee on Worker and Family Support hearing held on May 12, 2021, entitled “Making a Difference for Families and Foster Youth.” We applaud the Committee’s strong commitment to meeting the needs of children and families in the child welfare system, particularly those who are affected by substance use disorders (SUD’s), and look forward to working with you to continue building supports for these families before, during, and after child welfare system involvement.

In the wake of the COVID-19 pandemic, the United States is seeing growing and alarming signs of increased rates of substance use among Americans that surpass the levels we have seen during the recent opioid crisis. In considering our federal response to this emerging crisis, we must consider the consequences for children and be prepared to strengthen and expand family-centered treatment services. Family-based treatment approaches meet the needs of all family members – children as well as the parent(s) with the SUD – to provide holistic support services, prevent the need for foster care when possible, and reunify children with their parents when foster care is needed. We must also be prepared to strengthen the child welfare system’s capacity to respond to increasing reports and entries into foster care as a result of parental SUDs.

We applaud the Committee’s actions to support this population of children and their families and wish to build on that progress. Notably, in 2006 Congress authorized the creation of the Regional Partnership Grants (RPGs), which have been incredibly successful in building collaborations between child welfare and SUD treatment agencies and the courts and building the evidence base for what works in serving families in child welfare who are affected by SUDs. More recently, the Family First Prevention Services Act (Family First), passed in 2018, created historic opportunities to connect children and families to evidence-based SUD treatment services and allow children in foster care to be placed with a parent in a family-based residential treatment facility. We are closely monitoring state-level implementation of these important federal programs and are committed to ensuring that they are as successful as possible in meeting the needs of children and families.

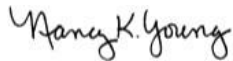
As the committee begins its work to advance measures to strengthen our nation’s infrastructure and reauthorize the Title IV-B program, we urge you to remain focused on the needs of families affected by SUDs and their children. We respectfully offer two recommendations for your consideration.

- 1. Strengthen federal support for Regional Partnership Grants (RPGs):** The RPG program is a competitive grant program that provides funding over a five-year period to implement “regional partnerships” in states, tribes, and communities to improve outcomes for children and families who are affected by parental SUDs. The program includes a strong evaluation component and is responsible for much of what we know about “what works,” including what is needed to prevent entries into foster care, help parents recover, help families reunify, and prevent re-entry into foster care. Recognizing the urgency of these grants during the opioid crisis, Congress has appropriated additional discretionary funding to the RPG program since 2018. We urge this additional funding to continue and *become mandatory* – bringing mandatory spending for RPGs to \$40 million per year. An expanded RPG program is essential for helping states address rising substance use rates nationally. Making these dollars mandatory will ensure continuity in funding to grantees and that these dollars are thoughtfully expended to reach as many children and families as possible.

2. Expand family-centered residential treatment facilities and services: Family First took significant steps to expand access to family-based residential treatment by allowing Title IV-E maintenance payments to reimburse for placements of children in foster care with their parents in a family-based residential treatment facility, provided the placement is in the best interest of the child. However, the demand for family-centered treatment far exceeds supply, and most funding streams – such as the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), Medicaid, and Title IV-E Prevention – support services, not the infrastructure (bricks and mortar facilities) necessary to build supply. We encourage the committee to consider as part of its efforts to assemble a comprehensive infrastructure package providing time-limited grant funding to states to take inventory of their congregate care needs versus their current family-centered treatment capacity, and then create a plan for transitioning unneeded congregate care facilities to family-based residential treatment. This would have the added benefit of helping to right-size congregate care placements, a goal for Family First, while increasing the supply of residential treatment facilities eligible for Title IV-E reimbursement under Family First.

Again, thank you for your steadfast commitment to children and their families who are affected by SUDs. We look forward to working with you in the future and hope you will not hesitate to be in touch with me anytime.

Sincerely,



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Chief Executive Officer
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